

Case Number:	CM14-0198806		
Date Assigned:	12/09/2014	Date of Injury:	04/23/2008
Decision Date:	01/21/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/26/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 64 year old female with a work injury dated 04/23/2008. Mechanism of injury is noted as cumulative trauma. On 10/15/2014 follow up states the injured worker (IW) was having significant ongoing bilateral knee pain. X-ray report of the knees showed severe degenerative joint disease of the right and left knee, greatest on the lateral compartment of the right knee and greatest in patello-femoral joint of the left knee with bone- on bone appearance in the left patello-femoral joint and bone-on-bone appearance in the right knee. CT exam of the left knee without contrast from 01/28/2014 showed severe degenerative joint disease at the left knee and a large Baker's cyst with moderate left knee effusion. CT of the right knee from 01/28/2014 showed severe degenerative joint disease with bone-on- bone appearance, subcortical degenerative cyst, moderate knee effusion, Baker's cyst and 12 mm loose body in the knee joint at lateral recesses of the supra-patellar bursa. X-ray of the left knee from 01/24/2014 showed severe degenerative joint disease. The original x-ray and CT reports are not in the submitted records. Diagnosis includes:- Chronic bilateral knee pain, arthritic- Chronic low back pain- Depression secondary to above injuries In regards to medication the provider documents Norco brings her pain down from an 8/10 to a 6/10. The IW is able to do some very light housework and personal hygiene; however she does have a caregiver that helps with most household chores. She denies negative side effects from the medication, does not request early refills and has a pain contract signed. On 10/27/2014 the provider requested Norco 10/325 mg # 210. On 11/05/2014 utilization review determined the request was not certified stating very little evidence of functional improvement was documented and there was no up to date urine drug screen to monitor compliance. Guidelines cited were:- MTUS - Chronic pain Medical treatment Guidelines- ACOEM - Occupational Medicine Practice Guidelines, Second Edition, Chapter 6-

Official Disability Guidelines -Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), Opioids, criteria for use.- The decision was appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 10/325 MG #210: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #210 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany chronic opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker is a 64-year-old woman with a date of injury April 23, 2008. The injured worker's working diagnoses are chronic bilateral knee pain, arthritic; chronic low back pain; and depression secondary to above injuries. A progress note dated August 20, 2014 indicates the injured worker was taking Norco 10/325 mg #7 tablets per day. The documentation in the medical record does not reflect any objective functional improvement associated with Norco use, any tapering of Norco use, and any change in frequency associated with Norco use. The medical record was limited to 30 pages and there was no evidence of compliance issues or documentation of whether the injured worker is a low risk, intermediate or high risk patient. Consequently, absent the appropriate documentation containing objective functional improvement, Norco 10/325 mg #210 is not medically necessary.